

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

RECEIVED

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(Name of partners	ship, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822		email strachy@aol.com	
(Telephone)	(Fax)		
III. This statement covers: (Choo reportable expense transactions v	vhich are not attributable to	any one client).	
All reportable transactions occ	urring in the month prior to the	e reporting date relative to the	following client:
Coalition of NH Chain Drug	Stores		
	Name of Client as it appears o	n the Lobbyist Registration Fo	rm)
OR All reportable transactions by tunrelated to any particular client.	the lobbyist (including the lobb	oyist's family), or the lobbying	firm listed below which ar
IV. Date of Report April 26, 2	2017	July 26, 2017 🔲	
Reports cover: activity from date	of registration to 3/31/17	activity from 4/1/17 to 6/30/1	7
	25, 2017 [] (1/17 to 9/30/17	January 31, 2018 🖸 activity from 10/1/17 to 12/3.	1/17
activity ji ont	1,1,10,,50,1,	deliving grown 10/1/1/10 125	
V Th b b 6			and [7]
V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.	ed and no reportable transa this form and submit it to the	ctions made since the last rep Secretary of State's Office, Sta	ort. □ te House, Room 204,
If this box is checked, complete just Concord, NH 03301. VI. Check if additional reports ar	this form and submit it to the eattached:	Secretary of State's Office, Sta	te House, Room 204,
If this box is checked, complete just Concord, NH 03301. VI. Check if additional reports an If you have received fees If you have paid an honor	this form and submit it to the eattached: or made expenditures, you mu	stions made since the last rep Secretary of State's Office, States st file Addendum A— Fees an you must file Addendum B—	te House, Room 204, d Expenses
If this box is checked, complete just Concord, NH 03301. VI. Check if additional reports ar If you have received fees If you have paid an honor Expense Reimbursement	this form and submit it to the reattached: or made expenditures, you murarium or reimbursed expenses	Secretary of State's Office, Sta ist file Addendum A— Fees an	d Expenses Report of Honorariums or
If this box is checked, complete just Concord, NH 03301. VI. Check if additional reports at If you have received fees If you have paid an honor Expense Reimbursement If you, your firm, or your Sworn Statement/Affirmation by	this form and submit it to the reattached: or made expenditures, you murarium or reimbursed expenses family has made political con Lobbyist	Secretary of State's Office, States of the Addendum A - Fees and you must file Addendum B-tributions, you must file Addender	te House, Room 204, d Expenses Report of Honorariums or ndum C- Political Contribu
If this box is checked, complete just Concord, NH 03301. VI. Check if additional reports ar If you have received fees If you have paid an honor Expense Reimbursement If you, your firm, or your Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and	re attached: or made expenditures, you murarium or reimbursed expenses family has made political con Lobbyist RSA 664 and hereby swear o	Secretary of State's Office, States of the Addendum A - Fees and you must file Addendum B-tributions, you must file Addender	te House, Room 204, d Expenses Report of Honorariums or ndum C- Political Contribu
If this box is checked, complete just Concord, NH 03301. VI. Check if additional reports at If you have received fees If you have paid an honor Expense Reimbursement If you, your firm, or your Sworn Statement/Affirmation by	re attached: or made expenditures, you murarium or reimbursed expenses family has made political con Lobbyist RSA 664 and hereby swear o	Secretary of State's Office, States of the Addendum A - Fees and you must file Addendum B-tributions, you must file Addender	d Expenses Report of Honorariums or ndum C- Political Contributions is true and completed.



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. N	ame of Lobbyist(s) Stuart D. Trachy	
II. ì	Name of lobbyist's partnership, firm or corporation, if any:	
	(Name of partnership, firm or corporation)	
III.	Name of Client Coalition of NH Chain Drug Stores	Date January 26, 2018
Indi incl	Fees Received icate the gross amount of all fees received from the client identified above tuding fees for services such as public advocacy, government relations, nitoring legislation, and related legal work. The gross fee amount reported states	or public relations services including resear-
a)	Total of all fees received in this reporting period	a) \$ <u>30000.</u>
b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>30315.</u> ar)
c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>60315.</u>
d)	Indicate the amount of any such fees that are due, but have not yet been pa	id d) \$
Lob repo unre cate and mea give less any to b rece	Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expendents are to be filed for expenditures made relative to each client and if expendents of expenses: (a) the aggregate total of all expenses paid during the results of expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purent to the person being lobbied, purchase of a ceremonial object given to a copy; and (c) an itemized statement of each individual expenditure made during purpose not covered by (a) (for example: purchase of a meal with value of the given to the subject of lobbying with a value greater than \$25, but not greeption). Expenses for honorariums, expense reimbursement, or political contable about the portion of the portion of Addendum A.	enditures are made by the lobbyist(s)/firm that firm. Expenses are to be reported in one of the porting period for salaries, benefits, support state expenditure was of \$25.00 or less (for example chase of a pen with a value of less than \$10 that a person being lobbied with a value of \$25.00 ag this reporting period of greater than \$25.00 greater than \$25, purchase of a ceremonial objuster than \$50, restaurant expenses for a legislat
a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying	. a) \$ <u>30000.</u>

c) \$ ____

c) Total of all itemized expenditures reported in detail in section VI.

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ 30000.
e)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>29845.72</u>
f)	Total of all expenses year to date	F) \$ 59845.72
Pro	Other Expenses: ovide the following detail for all expenditures of more than \$25 made from lob luding by whom paid or to whom charged.	bying fees during this reporting period,
Pai	d:	Amount:
		\$
		\$
_		\$
		\$
		\$
		\$
	orn Statement/Affirmation by Lobbyist	
is t	ave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the rue and complete to the best of my knowledge and belief.	foregoing information
	Aunte O-Veally gnature of lobbyist) Janua	(Date)
	uart D. Trachy int Name of lobbyist)	